

Revlimid® (lenalidomide) (Oral)

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I. Length of Authorization

Coverage will be provided for six months and may be renewed.

- Previously untreated Follicular lymphoma may be renewed for up to 18 cycles.
- Previously treated Follicular lymphoma and Marginal zone lymphoma may be renewed for up to 12 cycles.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Units]:

- Revlimid 2.5mg capsules: 1 capsule per day
- Revlimid 5mg capsules: 1 capsule per day
- Revlimid 10mg capsule: 1 capsule per day
- Revlimid 15mg capsules: 1 capsule per day
- Revlimid 20mg capsules: 1 capsules per day
- Revlimid 25mg capsules: 1 capsule per day

B. Max Units (per dose and over time) [HCPCS Units]:

- **MDS/MF:** 10mg daily
- **Multiple Myeloma (maintenance therapy):** 15mg daily
- **Follicular lymphoma/Marginal zone lymphoma:** 20mg daily
- **All other indications:** 25mg daily

III. Initial Approval Criteria ^{1,2}

Coverage is provided in the following conditions:

- Both patient AND prescriber are enrolled in the Revlimid REMS® program; AND

Myelodysplastic Syndrome (MDS) † Φ

- Patient has myelodysplastic/myeloproliferative neoplasms with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T) overlap disease; AND

- Used as a single agent or in combination with a hypomethylating agent (e.g., azacitidine, decitabine, etc.); **OR**
- Patient has lower risk disease (defined as IPSS-R [Very Low, Low, Intermediate], IPSS [Low/Intermediate-1], WPSS [Very Low, Low, Intermediate]); **AND**
 - Patient has symptomatic anemia; **AND**
 - Used as a single agent for del(5q) †; **OR**
 - Patient does not have del(5q); **AND**
 - Patient has ring sideroblasts < 15% (or <5% with an SF3B1 mutation); **AND**
 - Patient has a serum erythropoietin (EPO) ≤ 500 mU/mL; **AND**
 - Used as a single agent if no response to an ESA AND no response to an ESA with G-CSF; **OR**
 - Used with ESA following failure of ESA alone; **OR**
 - Patient has a serum EPO > 500 mU/mL; **AND**
 - Patient had no response, intolerance, or a poor probability of response to immunosuppressive therapy (i.e., antithymocyte globulin [ATG] ± cyclosporine); **OR**
 - Patient has ring sideroblasts ≥15% (or ring sideroblasts ≥5% with an SF3B1 mutation); **AND**
 - Patient has a serum EPO ≤ 500 mU/mL with no response to ESA with G-CSF AND no response to luspatercept; **OR**
 - Patient has a serum EPO > 500 mU/mL and no response to luspatercept

Multiple Myeloma † Φ

- Used in combination with dexamethasone; **OR**
- Used as primary therapy for newly diagnosed disease in combination with dexamethasone AND bortezomib or carfilzomib or daratumumab or cyclophosphamide or combination therapy with daratumumab and bortezomib; **OR**
- Used as maintenance therapy after response to primary myeloma therapy or following autologous hematopoietic stem cell transplant (auto-HSCT) as a single agent or in combination with bortezomib; **OR**
- Used for previously treated multiple myeloma for relapsed or progressive disease in combination with dexamethasone OR a dexamethasone-containing regimen OR as a single agent if patient is steroid-intolerant; **OR**
- Used in combination with dexamethasone for POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome

Systemic Light Chain Amyloidosis †

- Used in combination with dexamethasone with or without bortezomib or cyclophosphamide; **AND**
- Used for newly diagnosed or relapsed or refractory disease

Hodgkin's Lymphoma (HL) †¹⁴

- Used as a single agent; **AND**

- Used as third-line or greater therapy for relapsed or refractory disease

B-Cell Non-Hodgkin's Lymphoma (NHL)

- Mantle Cell Lymphoma † ⊕
 - Used in combination with rituximab for initial/induction therapy or in non-transplant candidates; **OR**
 - Used as a single agent after two prior therapies, one of which included bortezomib †; **OR**
 - Used as a single agent or in combination with rituximab; **AND**
 - Used as second-line therapy for stable disease; **OR**
 - Used for partial response with substantial disease after induction therapy; **OR**
 - Used for relapsed or progressive disease
- Follicular Lymphoma † ⊕
 - Used as first-line therapy in combination with rituximab; **OR**
 - Used as subsequent therapy in patients with refractory or progressive disease in combination with rituximab or obinutuzumab or as a single agent if not a candidate for anti-CD20 therapy
- AIDS-Related B-Cell Lymphoma ‡
- Diffuse Large B-Cell Lymphoma (DLBCL) ‡ (including Histologic Transformation)
 - Used in combination with tafasitamab for non-transplant candidates; **AND**
 - Patient had histologic transformation from Nodal Marginal Zone Lymphoma OR from Follicular Lymphoma (without translocations of MYC and BCL2 and/or BCL6); **AND**
 - Patient received at least two lines of chemoimmunotherapy for indolent or transformed disease; **OR**
 - Patient received minimal or no chemoimmunotherapy prior to histologic transformation and had no response or progressive disease after chemoimmunotherapy (e.g., anthracycline- or anthracenedione-based regimen unless contraindicated); **OR**
 - Patient had partial response, no response, relapsed, progressive, or refractory disease; **OR**
 - Used with or without rituximab; **AND**
 - Patient had histologic transformation from Nodal Marginal Zone Lymphoma OR from Follicular Lymphoma; **AND**
 - Patient had transformation to non-germinal center disease; **AND**
 - Patient received multiple lines of chemoimmunotherapy for indolent or transformed disease; **OR**
 - Patient had partial response, no response, relapsed, progressive, or refractory non-germinal center disease
- High-Grade B-Cell Lymphoma ‡

- Used as subsequent therapy, with or without rituximab, in non-transplant candidate patients with a partial response, no response, relapsed, progressive, or refractory disease
- Marginal Zone Lymphoma † ⊕ (includes Nodal or Splenic MZL & Gastric or Non-Gastric MALT)
 - Used as subsequent therapy for recurrent, refractory, or progressive disease in combination with rituximab
- Multicentric Castleman's Disease ‡
 - Used as subsequent therapy, with or without rituximab, for disease that has progressed following treatment of relapsed/refractory or progressive disease
- Post-Transplant Lymphoproliferative Disorders (PTLD) ‡
 - Used as subsequent therapy, following first-line chemoimmunotherapy, in patients with partial response, persistent or progressive disease to first-line therapy; **AND**
 - Patient has monomorphic PTLD (non-germinal center B-cell type)

Primary Cutaneous Non-Hodgkin's Lymphoma (NHL)

- Mycosis Fungoides (MF)/Sezary Syndrome (SS) ‡
 - Used as a single agent; **AND**
 - Used as primary systemic therapy; **AND**
 - Patient has stage IV non-Sezary or visceral disease; **OR**
 - Patient has large cell transformation (LCT) with generalized cutaneous or extracutaneous lesions; **OR**
 - Used as systemic therapy for subsequent treatment
- Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders ‡
 - Used as a single agent for relapsed or refractory disease; **AND**
 - Patient has primary cutaneous anaplastic large cell lymphoma (ALCL) with multifocal lesions; **OR**
 - Patient has cutaneous ALCL with regional nodes (excludes systemic ALCL)

T-Cell Non-Hodgkin's Lymphoma (NHL)

- Peripheral T-Cell Lymphoma (*includes all of the following: peripheral T-cell lymphoma not otherwise specified, angioimmunoblastic T-cell lymphoma, enteropathy-associated T-cell lymphoma, monomorphic epitheliotropic intestinal T-cell lymphoma, nodal peripheral T-cell lymphoma with TFH phenotype, or follicular T-cell lymphoma*): ‡
 - Used as a single agent as initial palliative therapy or as subsequent therapy
- Adult T-cell Leukemia/Lymphoma ‡
 - Used as a single agent subsequent therapy for non-responders to first-line treatment for acute or lymphoma subtypes
- Hepatosplenic T-Cell Lymphoma ‡
 - Used as a single agent therapy for refractory disease after two prior primary treatment regimens

Primary CNS Lymphoma ‡¹³

- Used as a single-agent or in combination with rituximab; **AND**

- Used as induction therapy for intolerance to, or patient is not a candidate for, high-dose methotrexate; **OR**
- Used for relapsed or refractory disease; **AND**
 - Patient previously received whole brain radiation therapy; **OR**
 - Patient previously received high-dose methotrexate based regimen; **OR**
 - Patient received prior high-dose chemotherapy with stem cell rescue (HDT/ASCR)

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) ‡^{11,12}

- Used for relapsed or refractory disease; **OR**
- Used as maintenance therapy following a complete or partial response to second-line therapy in patients without del(17p)/TP53 mutation; **OR**
- Used as maintenance therapy after first-line therapy in patients without del(17p)/TP53 mutation; **AND**
 - Patient has high-risk minimal residual disease (MRD) $\geq 10^{-2}$ or $\geq 10^{-4}$ and $< 10^{-2}$ with unmutated immunoglobulin heavy-chain variable region gene (IGHV)

Myelofibrosis^{9,10}

- Must be used as a single agent or in combination with prednisone for management of myelofibrosis-associated anemia; **AND**
 - Patient has a serum EPO ≥ 500 mU/mL; **OR**
 - Patient has a serum EPO < 500 mU/mL and no response or loss of response to erythropoietic stimulating agents

AIDS-Related Kaposi Sarcoma ‡⁸

- Used as subsequent therapy with antiretroviral therapy following progression on first-line and alternative first-line therapy; **AND**
- Patient has advanced cutaneous, oral, visceral, or nodal disease

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria

Authorizations can be renewed based on the following criteria:

- Patient continues to meet indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment defined as stabilization or disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: secondary primary malignancies, pulmonary embolism; deep vein thrombosis, hematologic toxicity (neutropenia, thrombocytopenia), tumor lysis syndrome, hepatic failure, severe cutaneous reactions, severe hypersensitivity reactions, etc.

V. Dosage/Administration

Indication	Dose
MDS and MF/Post-PV/Post-ET MF	10mg daily until disease progression or unacceptable toxicity
Multiple myeloma	<p><u>Combination Therapy:</u> 25mg daily on Days 1-21 of repeated 28-day cycles in combination with dexamethasone</p> <ul style="list-style-type: none"> For patients who are not eligible for auto-HSCT, treatment should continue until disease progression or unacceptable toxicity. For patients who are auto-HSCT-eligible, hematopoietic stem cell mobilization should occur within 4 cycles of a REVLIMID-containing therapy. <p><u>Maintenance Therapy Following Auto-HSCT:</u> 10mg daily continuously until disease progression or unacceptable toxicity</p> <ul style="list-style-type: none"> After 3 cycles of maintenance therapy, the dose can be increased to 15mg once daily if tolerated.
Previously untreated Follicular lymphoma	20mg daily for 21 days of a 28-day cycle for up to 18 cycles.
Previously treated Follicular lymphoma and Marginal Zone Lymphoma (Gastric MALT, Nongastric MALT, Nodal, Splenic)	20mg daily for 21 days of a 28-day cycle for up to 12 cycles in combination with a rituximab-product.
All other indications	25mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity
*Please refer to the prescribing information for dose adjustment for hematologic toxicities (e.g., thrombocytopenia, neutropenia) or renal impairment.	

VI. Billing Code/Availability Information

HCPCS code:

- J8999 – Prescription drug, oral, chemotherapeutic, Not Otherwise Specified
- C9399 – Unclassified drugs or biologicals (*Hospital Outpatient Use ONLY*)

NDC:

- Revlimid 2.5mg capsule: 59572-0402-xx
- Revlimid 5mg capsule: 59572-0405-xx
- Revlimid 10mg capsule: 59572-0410-xx
- Revlimid 15mg capsule: 59572-0415-xx
- Revlimid 20mg capsule: 59572-0420-xx
- Revlimid 25mg capsule: 59572-0425-xx

VII. References

1. Revlimid [package insert]. Summit, NJ; Celgene Corporation; October 2019. Accessed December 2020.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) lenalidomide. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed December 2020.
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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C81.10	Nodular sclerosis classical Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis classical Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity classical Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes

ICD-10	ICD-10 Description
C81.27	Mixed cellularity classical Hodgkin lymphoma, spleen
C81.28	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted classical Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich classical Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich classical Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site

ICD-10	ICD-10 Description
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face and neck
C82.12	Follicular lymphoma, grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb

ICD-10	ICD-10 Description
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face and neck
C82.32	Follicular lymphoma, grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face and neck
C82.42	Follicular lymphoma, grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites

ICD-10	ICD-10 Description
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes

ICD-10	ICD-10 Description
C83.03	small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face and neck
C83.32	Diffuse large B-cell lymphoma intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes

ICD-10	ICD-10 Description
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease unspecified site
C84.11	Sézary disease lymph nodes of head, face, and neck
C84.12	Sézary disease intrathoracic lymph nodes
C84.13	Sézary disease intra-abdominal lymph nodes
C84.14	Sézary disease lymph nodes of axilla and upper limb
C84.15	Sézary disease lymph nodes of inguinal region and lower limb
C84.16	Sézary disease intrapelvic lymph nodes
C84.17	Sézary disease spleen
C84.18	Sézary disease lymph nodes of multiple sites
C84.19	Sézary disease extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, unspecified site

ICD-10	ICD-10 Description
C84.41	Peripheral T-cell lymphoma, lymph nodes of head, face and neck
C84.42	Peripheral T-cell lymphoma, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, spleen
C84.48	Peripheral T-cell lymphoma, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature, T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb

ICD-10	ICD-10 Description
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified sites
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region of lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission

ICD-10	ICD-10 Description
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
D36.0	Benign neoplasm of lymph nodes
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.1	Chronic myeloproliferative disease
D47.4	Osteomyelofibrosis
D47.7	Other specified neoplasms of uncertain or unknown behavior of lymphoid, hematopoietic, and related tissue
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)

ICD-10	ICD-10 Description
D47.Z2	Castleman disease
D75.81	Myelofibrosis
E31.9	Polyglandular dysfunction, unspecified
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
G62.9	Polyneuropathy, unspecified
G90.9	Disorder of the skin and subcutaneous tissue, unspecified
L98.9	Disorder of the skin and subcutaneous tissue, unspecified
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
Z85.71	Personal history of Hodgkin lymphoma
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)